

Chronic kidney disease and care coordination programs: A case study

ISSUE: The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) established a voluntary chronic care improvement program within fee-for-service (FFS) Medicare. The law calls for testing the effectiveness of care coordination programs among beneficiaries with diabetes, congestive heart failure, and chronic obstructive pulmonary disease. The law also requires contractors to manage all of the participants' chronic comorbidities, not just the threshold conditions. This case study discusses some of the issues surrounding chronic kidney disease (the stage of renal disease preceding permanent kidney failure) and end-stage renal disease (ESRD) that policymakers should consider when implementing the chronic care improvement program.

KEY POINTS: Patients with chronic kidney disease and ESRD will most likely be among the participants of the chronic care improvement program because of the high prevalence of two of the threshold conditions—diabetes and congestive heart failure—among renal patients. Patients with ESRD are one of the costliest populations in Medicare, they suffer from multiple chronic conditions, and their numbers are growing. Earlier intervention and better management of patients with chronic kidney disease may, in some cases, delay or prevent permanent kidney failure. In addition, evidence from the literature suggests that earlier referral of patients with chronic kidney disease to renal teams may reduce the morbidity and mortality associated with ESRD.

Care coordination programs may provide opportunities to promote earlier intervention of patients with chronic kidney disease and improve management of both chronic kidney disease and ESRD patients. MedPAC contracted with Direct Research LLC to assess patterns of care and spending for patients with chronic kidney disease before and after they progressed to permanent renal failure. For the April meeting, we will review some results of that data analysis.

This case study will be included in the chapter on care coordination in the June 2004 report. This draft reflects Commissioners' comments from the March meeting about the issues surrounding the implementation of the Chronic Care Improvement Program.

ACTION: The Commission should discuss the findings and conclusions concerning chronic kidney disease and care coordination raised in the case study.

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